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	Family Name						
	Given Names						
	Student Number						
	Teaching Period	Semester 1, 2017					
FINAL EXAMINATION	DURATION						
NUR250 – Medical Surgical Nursing 1	Reading Time:		10 minutes				
	Writing Time:		180 minutes				

INSTRUCTIONS TO CANDIDATES

EXAM CONDITIONS

You may begin writing from the commencement of the examination session. The reading time indicated above is provided as a guide only.

This is a CLOSED BOOK examination

No calculators are permitted

No handwritten notes are permitted

No dictionaries are permitted

ADDITIONAL AUTHORISED MATERIALS	EXAMINATION MATERIALS TO BE SUPPLIED
No additional printed material is permitted	1 x 4-Multiple Choice Answer Sheet 1 x Scrap Paper

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DOUBLE-SIDED.**

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Question 42

When developing a care plan it is important to consider the patient's fundamental or basic care needs. List five (5) fundamental patient care needs.

(Marks: 2.5)

Question 43

List one appropriate nursing problem or nursing diagnosis related to each of the fundamental patient care needs identified above.

(Marks: 2.5)

Question 44

To be safe for clinical practice, a student must know the normal parameters for vital signs.

State in full (ie, number and descriptor, no abbreviations) the normal adult range/values for:

1. Temperature _____
2. Heart rate _____
3. Respiratory rate _____
4. Blood pressure _____
5. Oxygen saturation _____

(Marks: 5)

Question 45

Mrs Grace Simpson is a 74 year old woman who has been admitted to hospital post-fall with a fractured right neck of femur. She has been to theatre for repair of her neck of femur and is now day one post-operatively. Her observations have been stable but her blood pressure is slightly elevated. She has intravenous fluids in situ and her urine output is satisfactory. Her wound dressing is dry and intact.

Overnight she has been very unsettled and has regularly complained of pain reporting pain scores between 5 – 8. She is currently receiving morphine via a patient controlled analgesia (PCA) pump as well as regular paracetamol and prn ibuprofen.

When you review Mrs Simpson's PCA chart you notice there is a lock out period of 10 minutes and a dose of 1mg/ml. She has made multiple and repeated PCA attempts but most have been unsuccessful. She has used about 3mg per hour for the first few hours and then only less than 1 mg per hour.

a) Identify 2 possible explanations for the findings on the PCA chart.

1. _____

2. _____

(Marks: 1)

You recognize it is important to assess Mrs Simpson's pain.

b) Identify two (2) nursing assessments you will do to assess Mrs Simpson's pain.

1. _____

2. _____

(Marks: 1)

c) Explain why keeping Mrs Simpson as pain free as possible is a priority nursing goal.

(Marks: 1)

You notice in her clinical notes that Mrs Simpson is opiate naïve and you are aware the administration of opiate analgesia, especially in elderly people, requires careful monitoring.

- d) List two (2) signs or symptoms of opioid overdose that you will monitoring Mrs Simpson for.

1.

2.

(Marks: 1)

- e) Identify two (2) non pharmacological interventions or actions you could implement during your shift to assist Mrs Simpson's pain management.

1.

2.

(Marks: 1)

- f) Identify two (2) indicators that will tell you that your nursing interventions are effective in reducing Mrs Simpson's pain.

1. _____

2. _____

(Marks: 1)

Towards the end of your shift you go to Mrs Simpson to administer her regular medications as charted as part of your medication round.

The shift has become very busy and you are temporarily distracted as the patient in the next bed becomes unsettled and starts shouting out. At the same time another nurse calls out to you to take another patient down for an x-ray.

During the confusion you accidentally administer aspirin to Mrs Simpson instead of paracetamol as charted.

- g) What do you do when you realise you have made a medication error?

(Marks: 1)

Question 46

Mr Trent Fulton has a previous history of asthma and has recently been admitted with lower lobe pneumonia. He is currently requiring oxygen therapy via nasal prongs to maintain adequate oxygenation.

- a) Identify 5 appropriate nursing problems relevant to Trent's nursing care today.

(Marks: 5)

- b) Briefly state what each of the five (5) nursing problems you have identified above is related to.

(Marks: 5)

c) Identify 3 nursing assessments you will do to assess Trent's oxygenation status today.

1. _____

2. _____

3. _____

(Marks: 3)

d) Explain how the nursing assessments you identify above will help you identify whether Trent is adequately oxygenated or not.

1. _____

2. _____

3. _____

(Marks: 3)

Trent has been resting in bed all morning. He states his breathing is feeling a bit better and has removed the supplemental oxygen via nasal prongs. He has requested if he can get out of bed to have a shower.

As he is maintaining his oxygen saturations you assist him to the shower without the use of supplemental oxygen. You leave him in the shower while you go to get him some towels. On your return you find him breathless and struggling to breathe.

e) What are your immediate nursing assessments and interventions?

(Marks: 3)

- f) Why are the nursing assessments and interventions you have identified in the previous question an immediate priority?

(Marks: 3)

Question 47

Neville, a 62 year old male, has been admitted to your ward with exacerbation of chronic obstructive pulmonary disease (COPD). He has been complaining of increasing dyspnoea and shortness of breath on exertion and has been diagnosed as a carbon dioxide retainer.

The medical orders are for nasal prong oxygen at 2 litres/minute, oxygen saturations are to be maintained at 88 – 92% and the medical team have written the modification on the observation chart.

- a) Normal adult pulse oximeter readings usually range from 95 to 100%. Briefly explain why the doctor has ordered that Neville's oxygen saturations be maintained at 88 – 92%

(Marks: 1)

- b) What signs or symptoms would you expect if his saturations are above 95%?

(Marks: 1)

- c) What would your immediate nursing interventions be if you found his oxygen saturations were above 92%? Explain your answer.

(Marks: 1)

Question 48

Explain why a person with a chronic airways problem requires a high energy, high protein diet.

(Marks: 1)

Question 49

Define the following terms:

Apnoea _____

Dyspnoea _____

Tachypnoea _____

Cyanosis _____

Hypoxia _____

Hypercapnia _____

Ischaemia _____

Hypoxaemia _____

(Marks: 4)

Question 50

Mr Parker has been transferred to your ward from the coronary care unit with acute coronary syndrome (ACS) following a myocardial infarction (MI).

a) Identify three (3) appropriate goals of care for Mr Parker on your shift.

1. _____

2. _____

3. _____

(Marks: 3)

During your shift Mr Parker's vital signs have been stable but he has been a bit tired and anxious. He has been reviewed by the cardiac team and arrangements are being made for him to go home in a few days.

During your shift Mr Parker presses his call bell. You walk into his room to find him extremely agitated, grey and gasping for breath.

b) What would you do first and why?

(Marks: 1)

c) What is your next priority and why?

(Marks: 1)

Question 51

Mr Parker is to be discharged tomorrow. He has a number of new or changed prescription medications, including a diuretic.

Identify three (3) points you will make sure Mr Parker knows and understands about taking a diuretic medication before he goes home.

1.

2.

3.

(Marks: 3)

Question 52

The two main clinical presentations of coronary heart disease (CHD) are angina and myocardial infarction. As a nurse you need to be able to recognise the difference in characteristics between angina and myocardial infarction.

a) Identify three (3) features of angina

1. _____
2. _____
3. _____

(Marks: 3)

b) Identify three (3) features of myocardial infarction

1. _____
2. _____
3. _____

(Marks: 3)

Question 53

Cardiac failure impacts on all body systems. Identify 5 home activity guidelines you will give to a person with cardiac failure who is preparing to go home to minimise the impact on body systems.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 54

People diagnosed with heart failure are often prescribed one or more anti-hypertensive medications. One of the nurse's responsibilities is to monitor for adverse effects. Identify 5 adverse effects you will monitor for.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 55

The palpating the radial pulse at the wrist is a common way to assess a person's pulse.

Identify two other sites where you can assess a person's pulse and name the artery you palpate at those sites.

(Marks: 1)

Question 56

Define the following terms:

Tachycardia _____

Bradycardia _____

Asystole _____

Ischaemia _____

Perfusion _____

(Marks: 2.5)

Question 57

Bob has been transferred to your ward from the emergency department. He has been admitted with increasing abdominal pain and nausea. You recognize that a comprehensive assessment of current gastro-intestinal function is an essential component of Bob's care.

Explain in detail what the following assessments will specifically tell you about Bob's gastro intestinal function.

a) Bowel sounds

b) Faecal elimination patterns

c) Amount and characteristics of eliminated faeces

d) Nutritional history and recent intake

e) Past medical and family history

(Marks: 5)

Question 58

Albert, is an 86 year old male, recently admitted with a pressure injury.

- (a) Identify two (2) nursing diagnoses/problems that you would document on Albert's care plan.

1. _____

2. _____

(Marks: 2)

- (b) Explain the underlying causes or reasons for the two (2) nursing diagnoses/problems you have identified above are relevant to Albert.

1. _____

2. _____

(Marks: 2)

Question 59

You are caring for a person just admitted with a major burn. It is 6 hours after the burn injury. You recognise that deficient fluid volume, imbalanced nutrition: less than body requirements and risk for infection are important nursing problems/diagnoses for this person.

(a) Explain in specific detail the underlying cause or reason for these three (3) nursing problems

1. Deficient fluid volume

2. Imbalanced nutrition: less than body requirements

3. Risk for infection

(Marks: 6)

Question 60

Identify 5 pre-operative risk factors.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 61

Explain why early mobilisation of people after surgery prevents the development of post-operative respiratory complications.

(Marks: 1)

Question 62

Identify 4 post-operative complications of surgery that the nurse should monitor for.

(Marks: 2)

Question 63

You are caring for a person with a closed fracture of the tibia. Identify four (4) factors that can affect bone healing.

1.

2.

3.

4.

5.

(Marks: 2)

END OF EXAMINATION